

Annual Statement for Tuberculin Reactors

Name: _____

DOB: _____

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The person listed is tuberculin positive. She/He has received the recommended course of treatment for tuberculosis infection disease.

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The person listed is tuberculin positive. She/He has had one negative chest x-ray since becoming tuberculin skin test positive.

The person listed above DOES NOT exhibit symptoms consistent with pulmonary tuberculosis such as:

- Cough lasting longer than three (3) weeks
- Unexplained fever
- Night sweats
- Unexplained weight loss
- Coughing up blood
- Chest pain

If none of these symptoms are present, a chest x-ray is NOT NECESSARY.

If symptoms consistent with pulmonary tuberculosis such as those listed above develop, seek immediate medical attention.

Physician Signature

Date